



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Georgia, MEDICAID

### Children's Dental Services

#### Preventive Services

|  | Is the service Covered? |                               |    | Frequency | List any service-specific limitations |
|--|-------------------------|-------------------------------|----|-----------|---------------------------------------|
|  | Yes                     | Only with prior authorization | No |           |                                       |
| Cleanings  | X                       |                               |    | 2 x year  | Under 21                              |
| Fluoride treatments (including fluoride varnishes) | X                       |                               |    | 2 x year  | Under 21                              |
| Sealants (list any tooth-specific limits)          | X                       |                               |    |           | Under 21                              |
| Space maintainers                                  | X                       |                               |    |           | Under 21                              |



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### Diagnostic Services

|                            | Is the service Covered? |                               |    | Frequency         | List any service-specific limitations | Recommended age of first visit? |
|----------------------------|-------------------------|-------------------------------|----|-------------------|---------------------------------------|---------------------------------|
|                            | Yes                     | Only with prior authorization | No |                   |                                       |                                 |
| <b>Dental examinations</b> |                         |                               |    |                   |                                       |                                 |
|                            | X                       |                               |    |                   | Under 21                              |                                 |
| <b>X-Rays</b>              |                         |                               |    |                   |                                       |                                 |
| Bitewing                   | X                       |                               |    |                   | Under 21                              |                                 |
| Full Mouth                 | X                       |                               |    | 1 x every 3 years | Under 21                              |                                 |
| Panoramic                  | X                       |                               |    | 1 x every 3 years | Under 21                              |                                 |



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### Treatment Services

|   | Is the service Covered? |                               |    | Frequency | List any service-specific limitations | Criteria for coverage |
|---|-------------------------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
|   | Yes                     | Only with prior authorization | No |           |                                       |                       |
| Fillings                                |                         |                               |    |           |                                       |                       |
| Silver amalgam                          | X                       |                               |    |           | Under 21                              |                       |
| Tooth colored composite                 |                         |                               | X  |           |                                       |                       |
| Crowns/tooth caps                       |                         |                               |    |           |                                       |                       |
| Stainless steel crowns                  | X                       |                               |    |           | Under 21                              |                       |
| Metal (only) crowns                     | X                       |                               |    |           | Under 21                              |                       |
| Metal/porcelain crowns                  |                         | X                             |    |           | Under 21                              |                       |
| Porcelain (only) crowns                 |                         |                               | X  |           |                                       |                       |
| Root Canals (endodontics)               |                         |                               |    |           |                                       |                       |
| Root canals on baby teeth (pulpotomies) |                         | X                             |    |           | Under 21                              |                       |
| Root canals on permanent teeth          |                         | X                             |    |           | Under 21                              |                       |
| Gum (periodontal) therapy               |                         |                               |    |           |                                       |                       |
|   |                         | X                             |    |           | Under 21                              |                       |



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|-------------------------|-------------------------|-------------------------------|----|-----------|---------------------------------------|-----------------------|
|                         | Yes                     | Only with prior authorization | No |           |                                       |                       |
| Dentures                |                         |                               |    |           |                                       |                       |
| Partial dentures        |                         | X                             |    |           | Under 21                              |                       |
| Complete dentures       |                         | X                             |    |           | Under 21                              |                       |
| Bridges                 |                         | X                             |    |           | Under 21                              |                       |
| Orthodontics*           |                         |                               |    |           |                                       |                       |
| Retainers (orthodontic) |                         |                               | X  |           |                                       |                       |
| Braces                  |                         | X                             |    |           | Under 21                              | Medically necessary   |
| Oral surgery            |                         |                               |    |           |                                       |                       |
| Simple extractions      | X                       |                               |    |           |                                       |                       |
| Surgical extractions    | X                       |                               |    |           |                                       |                       |
| Care of abscesses       | X                       |                               |    |           |                                       |                       |
| Cleft palate treatment  |                         | X                             |    |           | Under 21                              |                       |
| Cancer treatment        |                         |                               | X  |           |                                       |                       |
| Treatment of fractures  |                         |                               | X  |           |                                       |                       |
| Biopsies                | X                       |                               |    |           |                                       |                       |



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|---|-------------------------|-------------------------------|----|-----------|---------------------------------------|--|
|   | Yes                     | Only with prior authorization | No |           |                                       |  |
| Treatment of jaw joint problems (TMJ)         |                         |                               |    |           |                                       |  |
|   |                         |                               | X  |           |                                       |  |
| Emergency room services provided by a dentist |                         |                               |    |           |                                       |  |
|   |                         | X                             |    |           | Post Authorization.                   | Must meet emergency and/or criteria -- life threatening accident |
| Inpatient Hospital Services                   |                         |                               |    |           |                                       |  |
|   |                         |                               |    |           |                                       | Medically necessary  |
| Anesthesia                                    |                         |                               |    |           |                                       |  |
| General anesthesia                            |                         | X                             |    |           |                                       |  |
| Intravenous conscious sedation                |                         | X                             |    |           |                                       | Medically necessary  |
| Non-intravenous conscious sedation            |                         | X                             |    |           |                                       | Medically necessary  |
| Analgesia (nitrous oxide)                     |                         | X                             |    |           |                                       | Medically necessary  |



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\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).